
Name

Address

City, State, Zip

Phone

Check your email. You will receive information and documents at this email address.

Email

I am Plaintiff/Petitioner Defendant/Respondent
 Plaintiff/Petitioner's Attorney Defendant/Respondent's Attorney (Utah Bar #: _____)
 Plaintiff/Petitioner's Licensed Paralegal Practitioner
 Defendant/Respondent's Licensed Paralegal Practitioner (Utah Bar #: _____)

In the District Court of Utah

_____ Judicial District _____ County

Court Address _____

Motion for Genetic Testing
(Utah Code 78B-15-501 et seq.)

Petitioner

v. _____

Respondent

Case Number

Judge

Commissioner (domestic cases)

1. I am a party in this case.
2. I ask the court to order petitioner, respondent and the following minor children to participate in genetic testing to determine paternity.

| Child's name (first, middle and last) | Month and year of birth |
|--|-------------------------|
| | |
| | |

| Child's name (first, middle and last) | Month and year of birth |
|--|-------------------------|
| | |
| | |
| | |

3. I ask for this testing because I believe petitioner respondent
 is the biological parent of the children named above.
 is not the biological parent of the children named above.

I believe this because:

- the sexual contact between petitioner and respondent make paternity probable, or
- there was no sexual contact, or
- the sexual contact did not result in conception.

Explain:

4. The costs for the genetic testing should be paid by
 petitioner.
 respondent.
 other (Name): _____

5. I will choose and schedule testing through an accredited lab.

6. Other:
-
-
-

Plaintiff/Petitioner or Defendant/Respondent

I declare under criminal penalty under the law of Utah that everything stated in this document is true.

Signed at _____ (city, and state or country).

Date

Signature ► _____
Printed Name _____

Attorney or Licensed Paralegal Practitioner of record (if applicable)

Date

Signature ► _____
Printed Name _____

Certificate of Service

I certify that I filed with the court and am serving a copy of this Motion for Genetic Testing on the following people.

| Person's Name | Service Method | Service Address | Service Date |
|---------------|---|-----------------|--------------|
| | <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <input type="checkbox"/> Email <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.) | | |
| | <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <input type="checkbox"/> Email <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.) | | |
| | <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <input type="checkbox"/> Email <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.) | | |

Signature ►

Date

Printed Name